

OCFS-1119 (Rev. 4/2024)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
COMMISSION FOR THE BLIND

LOW VISION EVALUATION REPORT

THIS SECTION TO BE COMPLETED BY COUNSELOR OR PRIVATE AGENCY CASE MANAGER

CLIENT'S NAME: JUAN IGARTUA	DATE OF BIRTH: 6/02/1964	CLIENT'S ADDRESS: 2534 Creston Ave., Apt 5H Bronx NY 10468
COUNSELOR'S/CASE MANAGER'S NAME: Jessica Pagano 718-208-4739	OFFICE LOCATION: 665 Pelham Pkwy N. Bronx NY 10467	
PROPOSED CLIENT ACTIVITIES (If known) OR SPECIFIC COUNSELOR'S CONCERNS: Include relevant information on client's living situation, ability to travel independently, health status, motivational level, etc.		

THIS SECTION TO BE COMPLETED BY LOW VISION SPECIALIST

Constricted <input checked="" type="checkbox"/> Hemianopic <input type="checkbox"/> Full <input type="checkbox"/> Scotoma <input type="checkbox"/>	Distance	O.D. O.S. O.U.	Near	O.D. O.S. O.U.	Diabetic Macular Edema
Legally Blind? <input checked="" type="checkbox"/>					

RECOMMENDED OPTICAL DEVICES

CODES/FEES	DESCRIPTION	ANTICIPATED VISUAL ACUITY	USE

TOTAL: **0**

Narrative Report: (include information on tasks to be performed, client's acceptance of devices, special conditions required, such as lighting, posture, time restrictions, etc.)

Mr. Igartua will not benefit from Glasses or Magnifiers Until Treatment

DATE OF INITIAL EXAMINATION 04/12/2021	DATES OF FOLLOW-UP VISITS	RESULTS OF FOLLOW-UP VISITS:
SPECIALIST'S NAME AND ADDRESS Dr. Eleonora Orloff, OD 665 Pelham Pkwy N. Bx NY 10467		RESULTS OF FOLLOW-UP VISITS:
SPECIALIST'S SIGNATURE: <i>Dr. Eleonora Orloff OD</i>		
		DATE: 4/12/2021